

Editorials

A Different View of Costs

HEALTH CARE COSTS are very much in the public consciousness, particularly among those who are paying the bills. And, naturally, those who are paying the bills are looking for ways to reduce these costs in any way they can. One approach has been to arbitrarily reduce payments for services. More substantive efforts have been to curtail the kinds and amounts of services that will be paid for in various programs and to introduce incentives that bring less care to fewer people. And then it has been discovered that it does not make sense to provide care for people who do not or cannot pay for it. The result has been that many who may need more or better care are often receiving less. Already there is convincing evidence that health is actually deteriorating among some of the medically underserved segments of the population. Physicians, rather than being acclaimed for the success of their professional achievements in health care, are blamed for much of what is happening, and in their practices they now often find themselves being second-guessed in their professional decisions by persons whose professional responsibility is primarily cost containment. This has been a stressful situation, to say the least.

If one probes a little deeper, it may turn out that the problems of health care are simply the tip of an iceberg of fundamental changes that have begun to occur in what is sometimes called postindustrial America. Similar changes may soon emerge in other highly developed nations, if this is not happening already. The cause is, no doubt, the unprecedented growth of modern science and technology and their subsequent impact on almost every social, economic, and political human endeavor. It is inherent in this burgeoning science and technology that it leads to specialization, and a necessary corollary of specialization is a new interdependence among the specialists, whether they be animate human specialists or inanimate technologic instruments or machines. This pervasive interdependence, in turn, requires additional systems of communication and coordination among many specialized systems if things are to work well, or even at all. It follows that all this complexity of specialization, interdependence, communication, and coordination brings new and inescapable systemic costs, and these are proving to be substantial. In some situations, at least, they are now considered unacceptable.

Certainly, this is happening in medicine and health care where there have obviously been new dimensions of growth in science and technology and in the subsequent costs of applying this new knowledge in all the professional, social, economic, and political arenas of health care. One can begin to see the same thing happening in other parts of our society—and for many of the same reasons. For example, we are facing costly gridlock on our highways. For some time we have been subsidizing farming because farmers could not meet the rising costs of a technologic age. Our educational system has begun to falter because of rising costs that have outrun resources. And our legal system may yet turn out to be the most costly of all. Like the others, it is ill adapted to deal with the rapidity of change in this age of burgeoning science and technology, with the as yet poorly understood complexity and interdependence that result. Unfortunately, the

legal system, as it now operates, also adds significantly to the costs incurred by many other segments of society. There are many other examples.

All of this suggests that there may need to be a different view of costs. Rising costs may simply be an inevitable result of new dimensions of growth that are occurring in the more advanced societies that are undergoing what amounts to a technologic revolution. The costs of specialization and the consequent interdependence among specialties and specialists, animate and inanimate, and all that this entails, are no more likely to go away than are new science and technology. Nor are they likely to be controlled by any conventional means. We live in a new era where there is what amounts to an iceberg of fundamental change, not yet recognized for what it is, and health care, for better or worse, is at the tip of this iceberg. This writer's crystal ball is murky about what lies ahead, but scientific and technologic progress will continue and must be made to work for the betterment and well being of humans. So the professional, social, economic, and political systems of modern postindustrial societies must somehow adapt. There will need to be new rules and new ways of doing things. Health care is out in front and health care is what the medical profession is all about. Perhaps it is time for a new dimension of growth for the profession of medicine that will match the new era of social, economic, and political growth in society as a whole that will be brought about by this era of fundamental change that is bursting upon us as a result of modern science and technology. Could the traditional role of physician to patient somehow grow into a new role for the medical profession as physician to society? The profession might take a different approach that might lead to a different view of costs. Health care costs can be studied anew. It just might be worth thinking about.

MSMW

Leadership in the West

SOMETHING IS WRONG when 30 or 40 million Americans are said to be without any health insurance and therefore are denied the access to health care resources that is enjoyed by most Americans. No doubt for some this is a matter of their choice. But for others, particularly for those who are employed and yet have no insurance, it has to be said that the system has not been working very well. So far, no one has come forward with a workable solution for this problem.

Physicians who attempt to care for patients who get sick and have no health insurance are closer to this unmet need than most. Patients who are gainfully employed but nevertheless uninsured for their health care are no rarity in many physicians' practices. Individual physicians find themselves relatively powerless to deal with this situation, particularly when the requirements for adequate care are beyond their own capability to render services, whether at reduced rates or pro bono. Adequate health care usually requires much more than just a physician's services.

Physicians in the aggregate, through their medical associations, can be effective in many ways that individual physicians cannot. With their combined strength they might find opportunities to collaborate with others who are also prop-

erly concerned with finding some kind of reasonable and feasible solution, at least for the medically uninsured who are gainfully employed but still have no health insurance. The leadership of the California Medical Association has just embarked on a program to develop a coalition of groups and organizations interested in finding ways to make health insurance available to persons who are employed but who, along

with their families, are uninsured for health care under the present system. This is an imaginative grass roots approach, calling upon the many interested parties to work together to find ways to solve a common problem. If successful, it should be yet another example of leadership from the West in matters of health care.

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